



Date: _____

Name: _____

Email: _____

Phone: _____

Lot Consolidation

Subdivision Name: _____

1st Lot: _____ Block: _____ Plan No. _____

Are there buildings on the Lot? YES NO

Type of Buildings: Cabin/Home Garage Shed
(Please select all that apply)

2nd Lot: _____ Block: _____ Plan No. _____

Are there buildings on the Lot? YES NO

Type of Buildings: Cabin/Home Garage Shed
(Please select all that apply)

NOTE: No building permit will be issued until a title has been issued for the lot consolidation.

For Office Use Only

Information Verified YES NO

Verified By: _____

Resolution #: _____

New Lot # _____

Approval Date: _____